

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006700

STATE FILE NUMBER

AMENDED

Register District No.

FILED MAR 7 1962

Primary Registration District No.

1002

Registrar's No.

937

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Shireman

| | | | |
|---|---|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 51 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | d. STREET ADDRESS (If outside, give location) 2321 Spruce Avenue | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ELA Middle MAY Last SIGLAR | | 4. DATE OF DEATH Month February Day 16 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/29/1889 |
| 9. AGE (last birthday) 72 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker - Housewife | |
| 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and state or country) Burlin, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Christopher Malone | |
| 13b. MOTHER'S MAIDEN NAME Nancy Myers | | 14. NAME OF HUSBAND OR WIFE Vernon Siglar | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Vernon Siglar, 2321 Spruce Avenue | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Artery Arteriosclerosis DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 24 hr. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Kansas City | |
| COUNTY Jackson | | STATE Mo | |
| 21. I attended the deceased from 2-15-62 to 2-16-62 and last saw her alive on 2-15-62 Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE R.L. Shireman M.D. | |
| (Degree or title) | | 22b. ADDRESS 4606 St. John Ke mo. | |
| 22c. DATE SIGNED 2-16-62 | | 23a. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | |
| 23b. LOCATION (City, town, or county) St. Joseph Missouri | | 23c. DATE RECD. BY LOCAL REG. 1-16-62 | |
| 23d. REMOVAL (Specify) Burial | | 23e. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo | |
| 23f. ADDRESS 1331 Brush Creek Blvd. | | 23g. REGISTRAR'S SIGNATURE Keith Long | |

1931 7 22 1936

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.